

City of Holtville Parks & Recreation Department

Swimming Lessons Registration



Beginning Monday June 4, 2007

City of Holtville
121 W. 5th Street
Holtville, Ca 92250



Summer Session
Starting June 18, 2007

Cost \$15.00 per child

All Monies Due upon Registration

2 Week Session Monday thru Friday for ½ hour

Please Check One

<input type="radio"/> Beginners	<input type="radio"/> Intermediate	<input type="radio"/> Advanced
Skills before swimming either never been in the pool or afraid of the pool and never had lessons	Can blow bubbles, are comfortable in the pool yet do not know the strokes	Have had lessons in the past, knows some strokes, may have problems with swimming and breathing techniques

NAME: _____ AGE: _____ GRADE: _____

PARENT/GUARDIAN: _____ PHONE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

EMERGENCY CONTACT: _____ PHONE: _____

ALLERGIES/MEDICAL CONDITIONS: _____

I, _____ (parent/guardian) hereby agree to allow my child to participate in the City of Holtville Parks & Recreation Summer Swimming Lessons 2007 Program. In consideration for permitting my child to engage in the above stated activities I hereby agree to indemnify and hold harmless the City of Holtville and its employees, or volunteers from any liability which may occur in connection with these activities. I understand my child will be under general supervision of responsible adult supervision during this program. I hereby authorize emergency treatment to be given to my child if needed by competent medical personnel.

I HAVE CAREFULLY READ THIS RELEASE AND, HOLD HARMLESS THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS, I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT ON MY OWN FREE WILL.

Parent or Guardian Signature: _____ Date: _____